

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

IN THE ALLEN SUPERIOR COURT
PROBATE DIVISION
CAUSE NUMBER:

_____)
Name of Claimant)
vs. THE ESTATE OF)
_____)
Name of Decedent)
_____)
Name of Personal Representative for Estate)

ESTATE CLAIM

The claimant, in person, or by the undersigned attorney or agent, states that the above entitled estate is indebted to claimant as follows: *(Please include the date, description, and amount of services rendered or goods furnished, and attach all invoices or exhibits.)*

Claimant states that the account against the above estate is correct; that no payments have been made except those credits given; that there are no set-offs against the same; that the balance shown in said account is:

_____ DOLLARS \$ _____

and that same is due and owing to:

_____ NAME OF CLAIMANT

_____ STREET ADDRESS OF CLAIMANT

_____ CITY / STATE / ZIP CODE

Mail or deliver this claim form and all invoices or exhibits to:

**Clerk of the Allen Circuit Court
Family Relations Division
Courthouse, Room 203
715 S. Calhoun Street
Fort Wayne, IN 46802**

Please include an additional copy and a self-addressed stamped envelope if you wish to have a file-stamped copy returned to you.

I affirm under the penalties for perjury that the foregoing representations are true:

Signature of Claimant Date

Name of Claimant's Attorney / Agent:

Attorney or Agent Address / Box:

CERTIFICATE OF SERVICE

I hereby certify that an exact copy of this claim has been served to the above named Personal Representative / Attorney pursuant to law.

Date Clerk of the Allen Circuit and Superior Courts

FOR CLERK'S USE ONLY

Date of First Publication: _____

Date of Death: _____

Attorney Name / Address / Box: _____